

## Chapter 16

### 911 Reporting System

**16.1 Authority:** 34 CFR 361.40, PL 113-128: Sections 401-424, OMB 1820-0508

#### 16.2 Policy

Federal regulations and the Rehabilitation Act as amended requires USOR to collect and report new 911 information quarterly. The quarterly reporting periods are defined as October 1 through December 31, January 1 through March 31, April 1 through June 30, and July 1 through September 30. 911 Reports are due 45 days from the end of the quarter: February 15, May 15, August 15, and November 15. Quarterly reports to RSA should only include new data gathered during the reporting period.

911 information will be collected by USOR staff and entered in AWARE throughout the life of the case with required data entry at various stages during the rehabilitation process. Appendix B lists data elements which will not be changed once correctly entered in AWARE and Appendix C lists data elements which may be updated throughout the life of the case.

The data gathered on the 911 is vital to agency operations as it provides the justification and rationale for state and federal funding as well as meeting the federal requirements of the regulations for accountability. Therefore care must be taken to input statistical information as accurately as possible. Information should be entered in AWARE as soon as it is available and must be entered within one week of receipt. Data validation reports will be run periodically to identify errors and ensure accurate quarterly reporting. Errors will be addressed and corrected by USOR staff within one week of notification of the error.

This Chapter organizes the data elements according to the AWARE data page upon which they are located.

#### 16.3 Intake Information

- a. **New Hire Information and Wage History:** Both fields will be auto-populated by AWARE when employment information is discovered through a data match with the data warehouse.
- b. **Workforce ID:** This field should be left blank at application. AWARE will perform a data match with the data warehouse to determine if a common identifier already exists for the client or generate a new unique common identifier. Either way, this number will be generated by the data warehouse and should not be edited by USOR staff.
- c. **Social Security Number:** Enter the client's nine-digit Social Security Number (SSN). Every effort should be made to determine and accurately record this number as it will be used for record control purposes, such as culling out duplicates, data matches with our core partners, SSA beneficiary status verification, obtaining wage data required under WIOA, and Ticket To Work reimbursements.

If the applicant does not supply this information at application staff may enter a unique, temporary number until eligibility is completed. Temporary numbers must not duplicate a genuine SSN and cannot duplicate a temporary number assigned to another registered case. Starting the nine digit social security number with 999 will avoid duplicating a genuine SSN and helps the AWARE program identify it as a false, temporary number.

A correct social security number should be entered before moving a client into eligible status as this is the only way USOR is able to verify beneficiary status and TTW availability with the Social Security Administration. Exceptions to this must be requested by client service recommendation up to the Field Service Director level.

- d. **SSN Verification Status and Verification Date:** These two fields will be auto populated with information regarding the client's Social Security Beneficiary Status once AWARE receives confirmation from the Social Security Administration.
- e. **Client Name:** Enter the client's last name, first name, middle name (if applicable), and preferred name (if applicable). In the event the client's name changes for any reason it should be changed on the intake screen and the previous names should be entered in the appropriate fields labeled previous last name and previous first name.
- f. **Gender:** Choose the appropriate gender from the drop down box. Choices are:
  - i. Male
  - ii. Female
  - iii. Does not wish to self-identify
  - iv. Not available- select this option if the information is not available on the application and due to non-participation, the case is closed prior to meeting with the client to receive clarification.
- g. **Birth Date:** Enter the month, day and year of the client's birth. The first two digits of the six-digit field pertain to the month (e.g. January = 01), the next two digits to the day (e.g. the seventh = 07) and all four digits of the year.
- h. **Participant Deceased:** This is an optional check box to be checked only when the client's death has been verified by a third party. For example, county death records, a newspaper obituary, family member report, etc.
- i. **Home and Mailing Address:** Enter the client's address and zip code. In rural areas, PO Boxes are often used for mailing addresses. In these cases enter the home address and mailing address. When there is a change in a client's mailing or home address it should be added to the intake screen. Once the original address is entered correctly in AWARE, it should not be altered or deleted. Changing the original address creates reporting errors when sent to the Rehabilitation Services Administration each quarter. Instead, an address change should be entered as a new address entry in AWARE. It is extremely important that the current address is added to AWARE in order to maintain contact and in order that follow-up activities, such as audits, research and other administrative requirements, can be conducted.
- j. **Participant Phone Numbers:** Enter the phone numbers provided by the client including phone numbers of support providers (family, etc).
- k. **Email Address:** Enter the email address indicated as the preferred contact for the client.
- l. **Race and Ethnicity:** Check all boxes matching the individual's race as reported by the individual on the application or at the intake interview. Race and ethnicity reporting is required for students and youth in elementary and secondary education. If an individual refuses to identify his/her race, the counselor should mark the "does not wish to self-identify" option for adults. Students and youth in elementary and secondary education who choose not to self-identify should be notified that if he/she fails to self-identify, an observer-identification method will be used. The counselor or interviewer will then provide the best assessment of the individual's race. At least one category must be marked. When reporting on multi-racial individuals, use more than one race variable indicating the individual is of that race.

- i. Information Unavailable: Use when due to circumstances beyond the agency's control, the client exits the system without self-identifying and has never been seen for observer-identification to take place.
- ii. White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- iii. Black or African American: A person having origins in any of the black racial groups of Africa.
- iv. American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- v. Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- vi. Native Hawaiian or other Pacific Islander: An individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- vii. Ethnicity: Check the Hispanic/Latino box in the Ethnicity section when appropriate. A person is considered to be Hispanic/Latino if they are of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. If the individual self-identifies as Hispanic/Latino, but refuses or is unable to identify one or more race categories in addition to ethnicity then code the individual as Hispanic for ethnicity and follow the observer-identification method as described above for the race categories.
- m. **Preferred Correspondence Format (OPTIONAL):** if the applicant reports he/she prefers a specific communication format select one of the following:
  - i. ASL
  - ii. Audio Tape
  - iii. Braille
  - iv. Large Print
  - v. Minimal Language Skills
  - vi. Oral
  - vii. Tactile
  - viii. Total Communication
- n. **Special Needs (OPTIONAL):** List any requests/preferences indicated by the individual which may pertain to his/her interactions with USOR.
- o. **Veteran Status:** Mark the box if the applicant served in the active military navel or air service, and was discharged or released under conditions other than dishonorable.
- p. **Application Date:** The application date will reflect the date the application containing the information identified in Chapter 3.5 was received by VR . The first two digits of the six-digit field pertain to the month (e.g. January = 01), the next two digits to the day (e.g. the seventh = 07) and all four digits of the year.
- q. **Living Arrangement at Application:** Choose the appropriate description from the drop down box which indicates the living arrangements of the individual, either temporarily or permanently, at the time of application for services. Choices are:
  - i. Private Residence (independent, or with family or other person)
  - ii. Community Residential/Group Home
  - iii. Rehabilitation Facility
  - iv. Mental Health Facility
  - v. Nursing Home

- vi. Correctional Facility
- vii. Halfway House
- viii. Substance Abuse Treatment Center
- ix. Homeless/Shelter: an individual is homeless if he or she lacks a fixed, regular, adequate night time residence. \*Note: This definition does not include an individual imprisoned or detained under an Act of Congress or State law. An individual who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless.
- r. **County and Zip Code at Application:** Record the county and zip code in which an applicant is residing at time of application. This information should not be changed once entered at application unless the original entry contains an error.
- s. **Zip Code at Application:**
- t. **Marital Status:** Choose the appropriate description from the drop down box to indicate the client's marital status at the time of application. Persons in common law marriages should be coded "Married" and persons whose only marriage has been annulled should be reported as "Never Married." Choices are:
  - i. Married
  - ii. Widowed
  - iii. Divorced
  - iv. Separated
  - v. Never Married
  - vi. Unknown (to be used for closures from applicant status only)
- u. **Proof of Ability to Obtain Employment :** In accordance with U.S. federal law, the VR Counselor should assess the applicant's ability to legally obtain work before proceeding with registering the application. The key issue is the client must be able to work at the completion of the IPE since this is the purpose for the provision of services. If an applicant is unable to legally work in the U.S. they would not be considered an appropriate referral for VR services. For further information about processing of referrals and proof of ability to obtain employment see CSM 3.9.
- v. **United States Citizen:** Record the individual's citizenship status by selecting the appropriate option from those listed below. If the client does not report having US citizenship, proceed to verify Legal Status to work.
  - i. Not Completed (to be used for closures from applicant status only when the individual is not available to provide the information).
  - ii. Yes
  - iii. No
- w. **Legal Status to work-** Legal status to work can be identified through the USCIS Employment Authorization or Permanent Resident Card See CSM 3.9 for further guidance on documents meeting the criteria for both types. Once legal status to work has been verified, the USCIS card number should be entered in AWARE as either:
  - i. USCIS Employment Authorization Card
  - ii. USCIS Permanent Resident Card
- x. **Currently Enrolled in School:** Record the applicants current school status.
  - i. Yes indicates the individual is a student in a training program that is at least 100 hours or 1 month in length.
  - ii. No indicates the individual is not currently a student in a training program at least 100 hours or 1 month in length.

- y. **Personal Identification:** Obtain proof of the client's identity as per CSM 10.4 and enter the ID type and number. The document provided as proof of identity must: be a government issued photo ID; contain information matching the identifying information provided by the individual applying for services; and be current (expired ID's cannot be accepted).

\*Note: The ID must also be scanned and added to the record in AWARE prior to development of an IPE. See CSM 10.4 for detailed information regarding acceptable ID and documentation in AWARE.

- z. **Referral Source:** Choose the option that best matches the individual or agency that first referred the individual to VR from the drop down box. If the individual approached the agency on his/her own, select "self-referral." Choices are:
- i. 14(c) Certificate Holders. Select this option if the client was referred by an employer or holding a 14 (c ) Certificate. This is a federal certification which allows the employer to pay the individual subminimum wages. Use this option if the applicant is working for subminimum wage in an integrated employment setting. However if an applicant is working for subminimum wages in a non-integrated/sheltered setting VR Counselors should select Extended Employment Provider in "I" below to capture the referral source.
  - ii. Adult Education and Literacy Programs
  - iii. American Indian VR Services Program
  - iv. Centers for Independent Living
  - v. Child Protective Services
  - vi. Community Rehabilitation Programs
  - vii. Consumer Organizations or Advocacy Groups
  - viii. DOL Employment and Training Service Programs for Adults, Dislocated Workers, and Youth: These are Title I programs administered through the Workforce Development Division (WDD) as WIOA adult, WIOA youth, and the dislocated worker program.
  - ix. Educational Institutions-elementary/secondary: elementary and secondary education includes grades k-12 and post-high school programs run by school districts.
  - x. Educational Institutions-postsecondary: post secondary school includes educational programs through colleges and universities.
  - xi. Employers
  - xii. Extended Employment Providers: Extended employment Providers are public and private nonprofit organizations that employ individuals with disabilities in non-integrated or sheltered settings either for minimum or subminimum wage. USOR typically refers to these as "sheltered workshops."
  - xiii. Faith Based Organizations
  - xiv. Family/Friends
  - xv. Intellectual and Developmental Disabilities Providers (DSPD)
  - xvi. Medical Health Provider (Public or Private)
  - xvii. Mental Health Provider (Public or Private)
  - xviii. Public Housing Authority
  - xix. Self-referral
  - xx. Social Security Administration (Disability Determination Service or District office)
  - xxi. State Department of Correction/Juvenile Justice
  - xxii. Veteran's Benefits Administration (which includes VA Vocational Rehabilitation)
  - xxiii. Veteran's Health Administration (the VA hospital system, as well as the VA transitional living, transitional employment, and compensated work therapy programs)

- xxiv. Wagner-Peyser Employment Service Program: Select this option if the applicant was referred to VR by jobs.utah.gov, the WDD connections team, Choose To Work, or WDD employment workshops.
  - xxv. Welfare Agency (State or local government)
  - xxvi. Worker's Compensation
  - xxvii. Other One-stop Partner: select this option for clients who are referred by the Senior Community Service Employment Program, a Community Service Block Grant Program, Unemployment Insurance, TANF, or any other One-Stop partner not otherwise captured under another option on this list.
  - xxviii. Other Sources
  - xxix. Other State Agencies
  - xxx. Other VR State Agencies: Select this if the applicant was referred from a VR agency in another state.
  - xxxi. Other WIOA-funded Programs including Job Corps, YouthBuild, Indian and Native Americans, and Migrant and Seasonal Farmworker Programs
  - aa. **Referral Source Detail:** provide the specific organization name of referral agency.
  - bb. **Primary Source of Support at Application:** Choose the code from drop down box which describes the individual's largest single source of economic support at application, even if it accounts for less than one-half of the individual's total support. If a person is supported by the earnings of a spouse, or by the spouse's unemployment insurance checks, identify Family and Friends as the Primary Source of Support (not Personal Income). If an individual is primarily supported by a governmental entity with no cash support – for example, incarcerated individuals, select Public Support as the primary source of support only if the individual applicant is the recipient of the support. If the family, not the applicant, receives public support, select Family and Friends. Choices are:
    - i. Personal Income (earnings, interest, dividends, rent, retirement including social security)
    - ii. Family and Friends
    - iii. Public Support (SSI, SSDI, TANF, etc.)
    - iv. All other sources (e.g., private disability insurance and private charities)
- \*Information is not available (used for closures where information is not available due to circumstances beyond the agency's control).
- cc. **Public Support Available:** Public support means refers to cash payments made by Federal, State, and or local governments for any reason, including an individual's disability, age, or economic status. This includes payments made to a family member or family unit due to the individual's disability or when the payment amount takes the individual's presence into account to compute the benefit.
    - i. No
    - ii. Not Available
    - iii. Yes
  - dd. **SSDI Status at Application:** Record the individual's SSDI status from the following options
    - i. Applicant- Allowed Benefits
    - ii. Applicant- Denied Benefits
    - iii. Applicant- Status of Application Pending
    - iv. Benefits Discontinued or Terminated
    - v. Not an applicant
    - vi. Not Known if an Applicant

- ee. **SSDI Verification Status:** This field will auto populate when a AWARE conducts a data match with Social Security Administration records.
- ff. **SSI Status at Application:** Record the individual's SSI status from the following options
- i. Applicant- Allowed Benefits
  - ii. Applicant- Denied Benefits
  - iii. Applicant- Status of Application Pending
  - iv. Benefits Discontinued or Terminated
  - v. Not an applicant
  - vi. Not Known if an Applicant
- gg. **SSI Verification Status:** This field will auto populate when a AWARE conducts a data match with Social Security Administration records.
- hh. **SSA Benefits Verification Date:** AWARE will verify the beneficiary status of the individual and record the date the status was verified. The date is auto populated by AWARE.
- ii. **Presumptive Eligibility Possible:** If the individual is a Social Security Beneficiary for his/her disability, indicate if presumptive eligibility is possible.
- jj. **Presumptive Eligibility Rationale:** Record additional information about documentation that may be available to support presumptive eligibility.
- kk. **Public Support Available:** Enter the monthly amount (to the nearest dollar) of public support received by the individual at application from each of the following sources. Public support refers to cash payments made by Federal, State and/or local governments for any reason, including an individual's disability, age, economic, retirement and survivor status. Include payments to a family unit precipitated by the individual's disability or when the individual's presence is taken into account in the computation of the family benefit. Also include any payments that are sent directly to the individual in an institution or to dependents on his/her behalf. Exclude any non-cash support payments such as Medicaid, Medicare, food stamps and rental subsidies. If the individual does not receive public support in a category enter 0. Categories of public support are:
- i. **SSI Aged, SSI Blind, and SSI Disabled:** Enter the monthly payment to the individual under the Federal program of SSI for the aged, blind, and disabled. Only the individual's portion of the payment should be recorded here. This figure can be verified through the SSA or from a copy of the individual's benefit notification letter. If the individual is not receiving assistance enter 0.
  - ii. **SSDI Disabled and SSDI Other**  
Enter the amount of SSDI received by the individual each month. This figure can be verified through the SSA or from a copy of the individual's benefit notification letter. If the individual is not receiving assistance enter 0.
  - iii. **VA**  
Enter the amount of Veterans' Disability Benefits paid by the Department of Veterans Affairs. If the individual does not receive benefits enter 0.
  - iv. **TANF**  
Enter the monthly amount of cash public assistance payments made through the federally funded TANF program (to the nearest dollar). If the TANF payment is made to the family unit, use the local disbursing agency's procedure to estimate the individual's portion of the payment. If the individual is not receiving assistance enter 0.
  - v. **GA**  
Enter the amount of General Assistance received by the individual each month. If the individual is not receiving assistance enter 0.
  - vi. **Workers Compensation**



- Enter the amount of Workers' Compensation received monthly by the individual. If the individual does not receive benefits enter 0.
- vii. **Unemployment Insurance**  
Enter the amount of unemployment insurance received by the individual each month. If the individual does not receive benefits enter 0.
  - viii. **Other Disability**  
Enter the amount of funding the individual receives for his/her disability from a public entity not listed above. If the individual does not receive a benefit that fits this category enter 0.
  - ix. **Other**  
Enter the total amount of all Other Public Support received by the individual beyond those otherwise listed. Include cash payments made by Federal, State, and local governments for retirement or survivor benefits to the individual as well other temporary payments. If the individual does not receive Other Public Support enter 0.
- ll. **Gross SSI Benefit and Gross SSDI Benefit Amount:** AWARE will verify the SSI and SSDI Gross Benefit Amount for individuals who are SSA beneficiaries through a data match with the Social Security Administration. These fields will be autopopulated, as appropriate, by AWARE.
- mm. **Medical Insurance Coverage at Application:** Select the type of medical insurance coverage the individual reports at application. Options include:
- i. Medicaid
  - ii. Medicare
  - iii. Public Insurance from Other Sources. Select this option for individuals who are receiving health insurance coverage from public sources such as Workers' Compensation, Children's Health Insurance Program, etc.
  - iv. Private Insurance Through Own Employer
  - v. Eligible for employment private insurance after wait period. Select this for individuals who are not yet eligible for private insurance through current employer, but will be eligible for private insurance after a certain period of employment.
  - vi. Private Insurance through Other Means: Select this option for individuals receiving benefits through their parent/family members' insurance plan.
  - vii. State or Federal Affordable Care Act Exchange. Select this for individuals receiving benefits through their enrollment in an Affordable Care Act Exchange.
  - viii. None
- nn. **Participant is Requesting Services to Maintain Employment:** check this box if the applicant is requesting assistance to maintain employment. This does not include previous clients who are requesting assistance through Post Employment Services. See CSM Chapter 18 for more information on Post Employment Service provision and documentation in AWARE.
- oo. **Work History:** Enter the individual's reported work history, if applicable. Include employer, job title, start date, end date, and reason for leaving. Additional information should be added to the Occupational Information section when available to provide a thorough history of the applicant's ability to obtain, train and maintain work.
- pp. **Job Interests:** Record any reported work interests reported by the individual.
- qq. **Contacts (Optional):** record phone numbers belonging to relatives or references who may serve as a contact should the client's primary phone number be disconnected.
- rr. **Case Created Date:** This field is autopopulated by AWARE to reflect the date the client record was first entered in AWARE.



- ss. **Case Updated Date:** This field is autopopulated by AWARE to reflect the date the last edit or addition was made to the client record in AWARE.

#### 16.4. Education Information

The education page in AWARE captures education level achieved at the initial individual plan for employment (IPE), education level achieved at closure, student with a disability status, credential attainment and measurable skills gain. The educational goal and outcome section is also used to help AWARE identify the individual as a student with a disability and therefore eligible for Pre-Employment Transition Services. Thus accurate, timely entry of educational goals and outcomes is paramount.

VR Counselors will record Credential Attainments and Measureable Skill Gains that occur in conjunction with a training goal agreed to in the Individual Plan for Employment. Third party documentation of Credential Attainment and Measurable Skill Gain must be included in the client record in conjunction with updating the appropriate section of the AWARE education data page.

Credential Attainment is a WIOA Common Performance Measure that documents the successful completion of an industry recognized diploma, degree, certificate, certification or licensure. Credentials attained should correspond to the training goals identified on the client's IPE. Record of Credential Attainment should be documented on the Education Page in AWARE as the credentials achieved. The date of Credential Attainment should correspond to the date the credential was awarded or the last date of attendance (if credential award date is not available). Vocational Rehabilitation (VR) Counselors should record Credential Attainment throughout the life of a client's case and up to 365 days after the client record is closed.

The following educational achievements that should be recorded as Credential Attainment are:

- a. High School Diploma or General Education Diploma (GED) awarded by a secondary school or Adult Education Program. Note: Special Education certificates are not considered a Credential Attainment.
- b. Associate's Degree
- c. Bachelor's Degree
- d. Graduate Degree
- e. Occupational Licensure: License refers to a credential awarded by a licensing agency based on predetermined criteria. Occupational Licensure is awarded by a public regulatory agency that awards a credential or license necessary to obtain employment in a particular profession or occupation. The criteria for licensure may include some combination of degree attainment, certifications, certificates, assessment, apprenticeship programs, or work experience. Licenses are time-limited and must be renewed periodically. Examples include federal aviation administration aviation mechanic license, and licenses awarded by the Division of Occupational and Professional Licensure (<https://dopl.utah.gov>)
- f. Occupational Certificate: Certificates are educational in nature recognizing successful completion of a program of study (such as Career and Technical Education (CTE) certificates) or occupational certificates for completing a Registered Apprenticeship. Occupational certificates are awarded by an education institution based on completion of all requirements for a program of study, including coursework and test or other performance evaluations. Certificates are typically awarded for life (like a degree). Certificates of attendance or participation in a short-term training (e.g. 1 day) are not in the definitional scope for educational certificates. Certificate programs recognized for Credential Attainment by USOR are programs that are at least 100 hours or one month in length.

- g. Occupational Certification: Occupational certification is a credential awarded by a certification body based on an individual demonstrating through an examination process that he or she has acquired the designated knowledge, Skill, and abilities to perform a specific job. The examination can be either written, oral, or performance based. Certification is a time limited credential that is renewed through the re-certification process.
- h. Other recognized certificate of industry/occupational Skill

Prior to recording Credential Attainment in AWARE, VR Counselors should obtain third party documentation of Credential Attainment and save the documentation in AWARE. USOR accepts third party verification of Credential Attainment from the following entities:

- a. Public Career and Technical Education Facilities
- b. Higher Education Institutions and programs eligible to participate in the Federal student financial aid programs. This includes community colleges and universities both public and private and programs that are FAFSA eligible.
- c. Higher education institutions that are formally sanctioned or chartered by the governing bodies of Native American Tribes.
- d. The Office of Apprenticeship WIOA Common Performance Measures Page 3
- e. A professional industry, employer organization or product manufacturer/developer using a valid reliable assessment of an individual's knowledge, Skill and abilities. Examples include Microsoft It Professional (MCITP), National Institute for Metalworking Skill, Inc., Machining Level I credential.
- f. A public regulatory agency which awards a credential or license that is necessary to obtain employment in a particular profession or occupation. Examples include federal aviation administration aviation mechanic license, licenses awarded by the Division of Occupational and Professional Licensure (DOPL) (<https://dopl.utah.gov>)
- g. Programs approved by the Department of Veterans Affairs to offer education benefits
- h. Job Corps

Measurable Skill Gains are milestones clients achieve on the path toward attainment of an educational credential or employment training goal. Measureable Skill Gains are reported quarterly for clients who have an educational or employment training goal identified on the IPE. VR Counselors should record Measurable Skill Gains regularly in AWARE to ensure that each Measurable Skill Gain is recorded during the quarter in which it was achieved. A Measurable Skill Gain should only be recorded if training, including OJT, is listed as a goal in the IPE.

When a Measurable Skill Gain is achieved, VR Counselors must obtain third party documentation, confirm successful completion and save the third party documentation in AWARE. Once the documentation is saved the VR Counselor will update the Education Page in AWARE and record the Measurable Skill Gain as an Educational Goal Outcome or Skill Gain as appropriate. The Skill Gain Date entered should correspond to the date the Measureable Skill Gain was completed and the Skill Gain Description should be recorded as one of the five major categories (see Appendix B for a Measurable Skills Gain Overview). The five Measurable Skill Gain categories are:

- a. Educational Functioning Level Increase  
This Measurable Skill Gain is applicable to clients who are receiving training below the postsecondary level. Educational Functioning Level Increases obtained through the public Adult Education Program will be added to AWARE as part of the data sharing agreement with Adult Education. However, if the functioning level is not received through the public Adult Education Program, VR Counselors should report this as a Measurable Skill Gain when:

- i. The client has an increase in educational functioning level as indicated by comparison of pre and post test scores in any focus area on tests approved for use by the Adult Education Program (see appendix A for scoring guidance). Acceptable Tests are:
  - A. TABE (Test of Adult Basic Education)
    - 1. Reading
    - 2. Language
    - 3. Math
  - B. BEST (Basic English Skill Test) is used for students who are English for Speakers of Other Languages (ESOL)
  - C. CASAS (Comprehensive Adult Student Assessment System) is also used for ESOL students
- ii. Completion of credits in an adult high school program including:
  - A. Completion of an adult education high school diploma
  - B. Completion of six earned high school credits or 6 Carnegie units
- iii. Successfully exiting an adult basic education program and entering a program at the post secondary level.

Note: concurrent enrollment in postsecondary training and adult education does not meet the definition of increase in educational functioning level.

b. Secondary School Completion

This includes High School diplomas and General Education Diplomas (GED) awarded by secondary schools as well as Adult Education Programs. VR Counselors should collect third party documentation of the diploma, save it in AWARE and document the achievement as a Measurable Skill Gain.

Note: Special Education certificates are not considered a Measurable Skill Gain and should not be recorded under Measurable Skill Gains.

c. Completion of a Training Milestone

This Measurable Skill Gain captures interim progress made in a secondary or post-secondary training program. The three subcategories are:

- i. Successful Completion of 12 Credit Hours Post-Secondary: This measure captures intermediate progress achieved by clients enrolled in postsecondary training programs that award credit hours for coursework taken during a semester. The 12 credits may occur in a single semester but may also be accrued over consecutive semesters. For example a client who obtains 3 credits during one semester and 9 credits during a subsequent semester. VR Counselors should review the academic transcript to ensure that the client has passed all 12 credit hours. Passing refers to the minimum grade required to receive credit hours for completion of a course. If satisfactory completion is confirmed, the VR Counselor should upload the transcript in AWARE and record a Measurable Skill Gain.
- ii. Successful completion of a semester in a secondary school program: This includes only students who are seeking a high school diploma or General Education Diploma (GED). VR Counselors should review the client's transcript to ensure that the student has successfully passed all courses. Passing refers to the minimum grade required to receive credit hours for completion of a course. If satisfactory completion is confirmed, the VR Counselor should upload the transcript in AWARE and record a Measurable Skill Gain.

- iii. Successful Completion of 450 program (clock) hours at a Technology College when attending a program 900 hours or longer. Utah Technology Colleges consider 450 clock hours to be the equivalent of 12 credit hours at a college or university.

This measure captures intermediate progress made in the pursuit of a certificate from an applied technology program. VR Counselors should review the transcript or progress report to ensure that the client received credit for 450 program hours. Once confirmed, the third party documentation should be saved in AWARE and the Measurable Skill Gain will be added to the Education page.

d. Satisfactory Completion of an OJT or Apprenticeship Milestone

This measure applies to clients with an OJT, WBT or Apprenticeship training goal included in the IPE. The measure indicates satisfactory completion of a milestone in an OJT/WBT or apprenticeship program as verified by a progress report supplied by an employer or training facility. Once the successful milestone has been verified, the VR Counselor should save the progress report in AWARE and record a Measurable Skill Gain. Milestones considered for this Measurable Skill Gain include:

- i. Successful completion of an On The Job Training or Work Based Training. This includes OJT's completed under DOL programs as well as those supported by VR. Note: Pre-Employment Transition Services Work Based Learning Experiences are excluded from this measure.
- ii. Successful completion of each year of an apprenticeship program including final completion of the apprenticeship
- iii. Increase in pay resulting from newly acquired Skill or increased performance

e. Successful Passage of an Exam

This Measurable Skill Gain measures progress in a technical or occupational Skill training program. VR Counselors should obtain third party documentation of successful exam passage, save the documentation in AWARE and record the Skill Gain as an Educational Goal Outcome or Measurable Skill Gain as appropriate. Technical and Occupations Exams included in this measure are those that are:

- i. Administered by Career and Technical Education Programs
- ii. Administered through DOPL
- iii. Sponsored by groups overseeing occupational standards
- iv. Administered as part of a registered apprenticeship program

Data Entry on the Education Page is as follows:

- a. **Age at Application:** This number is autopopulated by AWARE to reflect the individual's age at application based on the birth date entered and date of application on the intake page.
- b. **Current Age:** This number is autopopulated by AWARE to reflect the individual's current age based on the birth date entered on the intake page.
- c. **Student with a Disability:** This field is autopopulated by AWARE base on the definition of student with a disability. USOR defines a student with a disability as an individual who is:
  - i. age 14 through 21 years; and
  - ii. eligible for and receiving special education or related services under the Individuals with Disabilities Education Act (IDEA); or considered an individual with a disability for purposes of section 504 of the Act; and
  - iii. in an educational program including, but not limited to:
    - A. Secondary education programs;

- B. Non-traditional or alternative secondary education programs, including home schooling;
- C. Postsecondary education programs which result in a vocational or academic credential\*; and
- D. Other recognized educational programs, such as those offered through the juvenile justice system.

**\*Programs at least 100 hours or 1 month in length resulting in a specific occupational credential.**

- d. **Educational Goals Record:** At least one educational goal and completion must be entered prior to the first IPE to reflect the individual's highest level of education completed at IPE. Additional Educational Goals and Outcomes should be entered as they pertain to VR services outlined on the IPE. Estimated dates may be used if the individual does not have specific beginning and end dates.
  - i. Educational Goals options are:
    - A. Elementary Education: Select this option if the client is currently enrolled in grades 1-8 at the elementary level.
    - B. Secondary Education: Select this option if the client is currently enrolled grades 9-12 and working toward a high school diploma or special education certificate.
    - C. Adult Secondary Education: Select this option for individuals who are participating in an adult high school education program (adult education) designed to achieve a high school diploma, GED or increased English skills. Individuals in adult education have typically exited the secondary school (k-12) system without a high school diploma or equivalent.
    - D. Special Education: Select this option for special education students up to age 21 who continue secondary education beyond 12<sup>th</sup> grade. This is often referred to as "post-high" but should not be confused with post secondary training at a college or university.
    - E. 1<sup>st</sup> Year Postsecondary: This refers to the first year of an associate's or bachelor's degree program at a college or university. Completion does not occur until at least 24 credit hours have been successfully completed.
    - F. 2<sup>nd</sup> Year Postsecondary: This refers to the second year of an associate's or bachelor's degree program at a college or university. This option is appropriate goal to select for individuals who have at least 24 credit hours already successfully completed. Completion does not occur until at least 48 credit hours have been successfully completed.
    - G. 3<sup>rd</sup> Year Postsecondary: This refers to the third year of an associate's or bachelor's degree program. This option is appropriate goal to select for individuals who have at least 48 credit hours already successfully completed. Completion does not occur until at least 72 credit hours have been successfully completed.
    - H. 4<sup>th</sup> Year Postsecondary: This refers to the fourth year of a bachelor's degree program. This option is appropriate goal to select for individuals who have at least 72 credit hours already successfully completed. Completion does not occur until the Bachelor's degree has been awarded.
    - I. Postsecondary beyond 4<sup>th</sup> Year: This applies to individuals seeking graduate certificates and degrees after receiving a four year undergraduate degree (bachelors degree) at a university.

- J. Career or Technical Training Program (certificate or diploma only): This refers to career or technical training programs that do not result in a recognized postsecondary credential.
  - K. Career or Technical Training Program (stackable credential): This refers to career or technical training programs that result in a recognized postsecondary credential.
  - L. Employer Based Training (OJT/WBT): This refers to On-the-Job-Training or Work-Based-Training provided by an employer. This does not include Work Based Learning Experiences (WBLE) provided as Pre-Employment Transition Service for students with disabilities.
  - M. No formal schooling: select this option if the client has never participated in formal education. Formal education includes public, private, charters and homeschooling.
- ii. Area of Study: Enter the subject matter of study related to the vocational goal. If the individual is participating in an associate's degree program, for example, the area of study will be the degree emphasis (math, social work, etc). If the individual is a student in secondary school (high school), the area of study may be recorded as general studies.
  - iii. Begin Date Select an approximate Begin Date for the educational goal. Note: for students in elementary and secondary education who have recently completed an academic year but have yet to begin the subsequent year (ie, on a summer break) enter the current date as the begin date so that they may correctly be classified as a student with a disability.
  - iv. Expected End Date: Enter the expected end date of the educational goal.
  - v. Actual End Date: The actual end date for educational goal completion should be either the date the a credential was awarded or the last day of class if recording a measureable skill gain.
  - vi. Educational Goal Outcome: Educational Goal Outcome captures both credential attainment and some measureable skill gains.  
Options for Educational Goal Outcome are:
    - A. No Formal School: select this outcome option if the individual's educational goal is also recorded as no formal school as per 6.a above.
    - B. Disenrollment: This option is used when the individual stops attending the training identified in the educational goal prior to completion of the goal.
    - C. Completion, No Degree or Certificate- This option is used when completing an incremental portion of a training program, for instance completion of the 10th grade (a measureable skills gain).
    - D. Special Education Certificate or Diploma: This option is used for students with disabilities who receive an alternative high school diploma from a secondary school (high school).
    - E. High School Diploma
    - F. GED
    - G. Vocational/Technical Certificate: Certificates are educational in nature recognizing successful completion of a program of study. Occupational certificates are awarded by an education institution based on completion of all requirements for a program of study, including coursework and test or other performance evaluations. Certificates of attendance or participation in a short-term training (e.g. 1 day) are not in the definitional scope for educational certificates. Certificates must be industry/occupations specific rather than

general certificates that apply across industries. Examples of certificates that are occupation/industry specific include Welding, Medical Assisting. Examples of certificates that do not count as Credential Attainment include: safety, hygiene, life Skill, forklift driving, etc, because although these Skill are required for employment, they are not specific to an industry or occupation. Certificates must also be recognized industrywide and thus excludes certificates awarded by employers or customized training programs.

- H. Vocational/Technical License: License refers to a credential awarded by a licensing agency based on predetermined criteria. Occupational Licensure is awarded by a public regulatory agency that awards a credential or license necessary to obtain employment in a particular profession or occupation. The criteria for licensure may include some combination of degree attainment, certifications, certificates, assessment, apprenticeship programs, or work experience. Licenses are time-limited and must be renewed periodically. Examples include federal aviation administration aviation mechanic license, and licenses awarded by the Division of Occupational and Professional Licensure (<https://dopl.utah.gov>)
- I. Other Recognized Diploma, Degree, or Certificate: This measure includes diplomas, degrees and certificates not otherwise captured in the other options. Occational certifications are included in this option. Certification is a credential awarded by a certification body based on an individual demonstrating through an examination process that he or she has acquired the designated knowledge, skills, and abilities to perform a specific job. The examination can be either written, oral, or performance based. Certification is a time limited credential that is renewed through the recertification process.
  - J. Associate Degree
  - K. Bachelor's Degree
  - L. Master's Degree
  - M. Doctorate Degree
- vii. Degree Certificate Title: Enter the specific degree or certificate received (welding certification, bachelor of science in engineering, etc).
- viii. Comments (optional): Add information which is pertinent to educational goals and rehabilitation services of the individual but which may not fit into one of the above categories.

### 16.5 Barriers to Employment

- a. Highest Elementary/Secondary Level Completed: select the highest grade in elementary or secondary school the client completed at the time of the first Individual Plan for Employment. Options are:
  - i. 0: Select this option for clients who have not completed any formal elementary or secondary education at the time the first IPE is finalized.
  - ii. 1-12: Select the grade level that corresponds to the client's highest grade successfully completed in elementary/secondary school at the time the first IPE is finalized.
- b. Highest Postsecondary Level Completed: select the highest level of education the client completed in a post-secondary setting at the time of the first Individual Plan for Employment. Options Are:
  - i. 0: Select this option for clients who have not completed any post-secondary training or have less than one year of post-secondary training.



- ii. 1-3: If the client has successfully completed between one and four years of post-secondary training, select the number that corresponds to the number of years successfully completed at the post-secondary level. This includes training programs at least one year in length that result in an industry recognized credential.
  - iii. 4: Select this option if the client has completed 4 or more years of training at the baccalaureate level.
  - iv. More than 4: Select this option if the client completed a degree at the baccalaureate level and is attending or has completed a graduate program.
- c. Credentials Earned: Enter all credentials that the client has earned at the time of the first Individual Plan for Employment and the date the credential was attained. Multiple credentials can be added by clicking the “new” button to record additional credentials. Credential options include:
  - i. Special Education Certificate or Diploma: This option is used for students with disabilities who receive an alternative high school diploma from a secondary school (high school).
  - ii. High School Diploma
  - iii. GED
  - iv. Vocational/Technical Certificate: Certificates are educational in nature recognizing successful completion of a program of study. Occupational certificates are awarded by an education institution based on completion of all requirements for a program of study, including coursework and test or other performance evaluations. Certificates of attendance or participation in a short-term training (e.g. 1 day) are not in the definitional scope for educational certificates. Certificates must be industry/occupations specific rather than general certificates that apply across industries. Examples of certificates that are occupation/industry specific include Welding, Medical Assisting. Examples of certificates that do not count as Credential Attainment include: safety, hygiene, life Skill, forklift driving, etc, because although these Skill are required for employment, they are not specific to an industry or occupation. Certificates must also be recognized industrywide and thus excludes certificates awarded by employers or customized training programs.
  - v. Vocational/Technical License: License refers to a credential awarded by a licensing agency based on predetermined criteria. Occupational Licensure is awarded by a public regulatory agency that awards a credential or license necessary to obtain employment in a particular profession or occupation. The criteria for licensure may include some combination of degree attainment, certifications, certificates, assessment, apprenticeship programs, or work experience. Licenses are time-limited and must be renewed periodically. Examples include federal aviation administration aviation mechanic license, and licenses awarded by the Division of Occupational and Professional Licensure (<https://dopl.utah.gov>)
  - vi. Other Recognized Diploma, Degree, or Certificate: This measure includes diplomas, degrees and certificates not otherwise captured in the other options. Occupational certifications are included in this option. Certification is a credential awarded by a certification body based on an individual demonstrating through an examination process that he or she has acquired the designated knowledge, skills, and abilities to perform a specific job. The examination can be either written, oral, or performance based. Certification is a time limited credential that is renewed through the recertification process.
  - vii. Associate Degree

- viii. Bachelor's Degree
  - ix. Master's Degree
  - x. Degree beyond Master's: Select this options for a Doctorate Degree or post graduate degree certificate.
- d. Employment at Plan: Once entered correctly, this information should not be changed.
- i. Work Status at Plan: select the option that best describes the individual's employment status at the initial IPE. Options include:
    - A. Business Enterprise Program (BEP) (Agency Managed): This refers to small businesses operated by individuals with blindness or visual impairments with management and supervision provided by the USOR Blind and Visual Impairment Program. It includes operations run out of the individual's home for wages, salary, or piece-rate.
    - B. Business Enterprise Program (Randolph Shepard): This refers to entrepreneurial self-employment through the Randolph-Sheppard Vending Facilities Program in which individuals who are legally blind are operators/managers of vending facilities located on Federal, State, or private locations with management services and supervision provided by USOR.
    - C. Competitive Integrated Employment: Competitive Integrated Employment: Competitive, Integrated Employment means work performed on a full-time or part-time basis which meets all criteria for competitive and integrated as outlined below.
      - 1. Competitive refers to work that is performed on a full-time or part-time basis (including self-employment) and for which the client's compensation meets all of the following criteria:
        - a. Is at least minimum wage
        - b. Is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills;

Note: If the client will be self employed the earnings must result in an income that is comparable to the income received by other individuals who are not individuals with disabilities and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills; and

      - c. Is eligible for the level of benefits provided to other employees.
    - 2. Integrated refers to the employment setting and requires a location that meets all of the following criteria:
      - a. The location is typically found in the community;
      - b. The location allows the client to interact for the purpose of performing the duties of the position with other employees within the particular work unit and the entire work site, and, as appropriate to the work performed, other persons (e.g., customers and vendors), who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that employees who are not individuals with disabilities

- and who are in comparable positions interact with these persons;
- c. The client has access to, as appropriate, opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions.
  - D. Employed (Received Notice of Termination): Select this option if the individual is employed but has received a letter of termination.
  - E. Employed (Received WARN): Select this option if the individual is employed but has been issued a Work Adjustment and Retraining Notification or has otherwise been notified that the facility or enterprise will close.
  - F. Employed (Transitioning Service Member): Select this option if the individual is in active duty status with the military (including separation leave) who is within 24 months of retirement or 12 months of separation.
  - G. Extended Employment: Select this option for individuals who are employed in a non-integrated or sheltered setting for a public or private nonprofit agency or organization that provides compensation in accordance with the Fair Labor Standards Act.
  - H. Not Employed (All other students): Select this option for individuals who are attending school, not including secondary education (K-12 and post-high), on a full or part time basis and are not employed.
  - I. Not Employed (other): Select this option for individuals who are not employed and do not meet the criteria for under a different option.
  - J. Not Employed (Student in Secondary Education): Select this option for individuals participating in a secondary education program (K-12 and post high) who are not employed. This option includes individuals who are in a secondary education program working toward a GED, high school diploma, and special education certificate.
  - K. Not Employed (Trainee, Intern, Volunteer): Select this option for individuals who are participating in unpaid work experiences, internships, or volunteer work for the purposes of increasing their employability. This option includes individuals who may be receiving a stipend to defray the cost of transportation or other incidental expenses.
  - L. Self Employed (except BEP): Select this option for individuals who are self employed profit or fees. This includes individuals who operate their own business, farm (including sharecroppers), shop, or office. Wage earners on farms are not included in this option.
- ii. Job Title: Select the job title that most accurately reflects the employment held by the individual at IPE. The AWARE list of job titles is generated from the Occupational Employment Statistics occupational profiles. If the individual is unemployed at IPE, this field should remain blank.
  - iii. Hours Worked per Week: If the individual is employed at IPE, enter the average hours worked per week.
  - iv. Salary: Enter the salary or wages reported by the individual at IPE and select the corresponding unit of measure that applies to the salary reported. Options include hourly, weekly, monthly, and annually.
  - v. Long Term Unemployed: Select the appropriate option:
    - i. Yes, if the individual has been unemployed for 27 consecutive weeks or more.

- ii. No, if the individual is currently employed or has had employment within the last 27 weeks.
- e. Barriers to Employment
  - i. Foster Care Youth Status at Application
    - A. Currently in foster care
    - B. Previously in foster care
    - C. Has never been in foster care
  - ii. Homeless/Shelter: an individual is homeless if he or she lacks a fixed, regular, adequate night time residence. Homelessness does not include an individual imprisoned or detained under an Act of Congress or State law. An individual who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless. Select the most appropriate option to describe the individual's situation at IPE. Options include:
    - A. Has a primary night time residence that is not designed for use as a regular sleeping accommodation: This includes public or private spaces such as a car, park, abandoned building, bus station, train station, airport, or camping ground.
    - B. Is not homeless:
    - C. Is under 18 and absents him or herself from their legal residence without permission of family.
    - D. Is under 18 and has changed school districts in the preceding 36 months due to parent's seasonal employment in agriculture, dairy, or fishing: This also includes children who are required to move due to changes in the parent's spouse's seasonal employment.
    - E. Lacks a fixed, regular, and adequate nighttime residence: This includes an individuals who is:
      - 1. sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;
      - 2. living in a motel, hotel, trailer park, or campground due to a lack of alternative adequate accommodations;
      - 3. living in an emergency or transitional shelter;
      - 4. abandoned in a hospital; or
      - 5. is awaiting foster care placement.
  - iii. Offender Status at Application: Offender designation is assigned if the individual is a person who either (a) is or has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or (b) requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction. Options include:
    - A. Currently or has been an offender
    - B. Has never been an offender
    - C. Individual did not self-identify
  - iv. Low Income at Application:
    - A. Receives, or is a member of a family which receives, cash payments under a federal, state or local income-based public assistance program: This includes assistance through the supplemental nutrition assistance program (SNAP), the temporary assistance for needy families program (TANF), assistance through SSI, and state or local income based assistance programs. The time period applied to this option is from 6 months prior to application until the time of the initial IPE.

- B. Received an income, or is a member of a family that received a total family income that per family size does not exceed the higher of the poverty line or 70 percent of the lower living standard income level within the last six months.
  - C. Is a youth who receives, or is eligible to receive a free or reduced price lunch.
  - D. Is an individual with a disability whose own income meets the above criteria but whose family does not meet the income criteria
  - E. Is a member of a household that receives Food Stamps within the last 6 months
  - F. Qualifies as a homeless individual: This option includes homeless individuals as well as runaway youth.
  - G. Is a youth living in a high poverty area.
  - H. Is a foster child on behalf of whom State or local government payments are made
  - I. Is not low income
- v. English Language Learner
  - A. Native Language is not English and has limited ability in speaking, reading, writing or understanding the English language and/or Lives in a family or community where a language other than English is dominant and has limited ability in speaking, reading, writing, or understanding the English Language
  - B. Does not have limited English skills
- vi. Basic Skills Deficient/ Low Levels of Literacy
  - A. Computes, reads, writes, or speaks English below 8<sup>th</sup> grade level: This applies to youth who have English reading, writing, or computing skills at or below the 8<sup>th</sup> grade level on a generally accepted standardized test.
  - B. Unable to compute, read, write, or speak English at level necessary to function on the job, with family, or in society: This option applies to both youth and adults.
  - C. Not Basic Skills Deficient
- vii. Cultural Barriers at Application: Cultural Barriers occur when the individual perceives him or herself as possessing attitudes, beliefs, customs or practices that influence a way of thinking, acting or working that may serve as a hindrance to employment.
  - A. Cultural barriers inhibit ability to work
  - B. Cultural barriers do not inhibit ability to work: Select this option if cultural barriers do not exist or do not affect the individual's ability to work.
  - C. Did not self-identify
- viii. Single Parent at Application
  - A. Single parent with dependent child under 18: Select if the individual is single, separated, divorced or a widowed individual (including pregnant women) who has primary responsibility for one or more dependent children under age 18.
  - B. Not a single parent.
  - C. Did not self-identify
- ix. Displaced Homemaker at Application
  - A. Individual is a displaced homemaker: select this option if the individual has been providing unpaid services to family members in the home, has been dependent on income of another family member, is no longer supported by that income, is unemployed or underemployed and is having difficulty obtaining or upgrading employment. This option also includes individuals who have been providing unpaid services to family members, is dependent spouse of a service member whose family income is reduced due to deployment, a call or order to active

duty, permanent change of station, or service related death or disability, is unemployed or underemployed and is having difficulty obtaining or upgrading employment.

B. Not currently a displaced homemaker

x. Migrant and Seasonal Farmworker Status at Application

A. Individual is a low-income individual (i) who for 12 consecutive months out of the 24 months prior to application for the program involved, has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment; and (ii) faces multiple barriers to economic self-sufficiency.

B. Individual is a seasonal farmworker whose agricultural labor requires travel to a job site such that the farmworker is unable to return to a permanent place of residence within the same day.

C. Individual is a dependent of an individual described as a seasonal or migrant seasonal farmworker above.

D. Individual does not meet any of the migrant or seasonal farmworker conditions listed above.

xi. Will Exhaust TANF within 2 years: Record the individual's TANF status within two years of the initial IPE. USOR staff may consult with the Workforce Development Division responsible for TANF if the individual is unsure of his/her status. Options include:

A. Receives/Received TANF, Not Within Two Years of Exhausting Benefits

B. Receives/ Received TANF, Within Two Years of Exhausting Benefits

C. Received TANF, Exhausted Benefits

D. Hasn't Received TANF

## 16.6 Disability Information

Once records have been received confirming the presence of a disability and impediment, enter disability information and the eligibility date in AWARE. The Disability Priority will be autopopulated in AWARE based on the information entered on the Disability Classification Page.

When entering the impairments and causes on the AWARE Eligibility Determination Page, only the primary and secondary (those most affecting the individual's employment status) should be recorded in the Disability Section. Quarterly reporting only includes the primary and secondary, therefore if the individual has additional disabilities that will impact VR services, these additional disabilities should be listed in the documentation box at the bottom of the eligibility page in AWARE.

### Impairment:

00 No impairment

### \*\*\*Sensory/Communicative Impairments

01 Blindness

02 Other visual impairments

03 Deafness, Primary Communication Visual

04 Deafness, Primary Communication Auditory

05 Hearing Loss, Primary Communication Visual

06 Hearing Loss, Primary Communication Auditory

07 Other Hearing Impairments (Tinnitus, Meniere's Disease, hyperacusis, etc)

08 Deaf-Blindness

09 Communicative Impairments (expressive/receptive)

### \*\*\*Physical Impairments

- 10 Mobility Orthopedic/Neurological Impairments
- 11 Manipulation/Dexterity Orthopedic/Neurological Impairments
- 12 Both Mobility and Manipulation/Dexterity Orthopedic/Neurological Impairments
- 13 Other Orthopedic Impairments (e.g. limited range of motion)
- 14 Respiratory Impairments
- 15 General Physical Debilitation (fatigue, weakness, pain, etc.)
- 16 Other Physical Impairments (not listed above)

**\*\*\*Mental Impairments**

- 17 Cognitive Impairments (impairments involving learning, thinking, processing information and concentration)
- 18 Psychosocial Impairments (interpersonal and behavioral impairments, difficulty coping)
- 19 Other Mental Impairments

**Cause:**

- 00 Cause unknown
- 01 Accident/Injury (other than TBI or SCI)
- 02 Alcohol Abuse or Dependence
- 03 Amputations
- 04 Anxiety Disorders
- 05 Arthritis and Rheumatism
- 06 Asthma and other Allergies
- 07 Attention-Deficit Hyperactivity Disorder (ADHD)
- 08 Autism
- 09 Blood Disorders
- 10 Cancer
- 11 Cardiac and other Conditions of the Circulatory System
- 12 Cerebral Palsy
- 13 Congenital Condition or Birth Injury
- 14 Cystic Fibrosis
- 15 Depressive and other Mood Disorders
- 16 Diabetes Mellitus
- 17 Digestive
- 18 Drug Abuse or Dependence (other than alcohol)
- 19 Eating Disorders (e.g., anorexia, bulimia, or compulsive overeating)
- 20 End-Stage Renal Disease and other Genitourinary System Disorders
- 21 Epilepsy
- 22 HIV and AIDS
- 23 Immune Deficiencies excluding HIV/AIDS
- 24 Mental Illness (not listed elsewhere)
- 25 Intellectual/ Developmental Conditions
- 26 Multiple Sclerosis
- 27 Muscular Dystrophy
- 28 Parkinson's Disease and other Neurological Disorders
- 29 Personality Disorders
- 30 Physical Disorders/Conditions (not listed elsewhere)
- 31 Polio
- 32 Respiratory Disorders other than Cystic Fibrosis or Asthma
- 33 Schizophrenia and other Psychotic Disorders



- 34 Specific Learning Disabilities
- 35 Spinal Cord Injury (SCI)
- 36 Stroke
- 37 Traumatic Brain Injury (TBI)

- a. Primary Disability Impairment: Choose the appropriate description of the primary disability impairment for the client from the drop down box which describes the individual's primary physical or mental impairment that causes or results in a substantial impediment to employment. Choices are listed above (see Impairment 1-19).
- b. Primary Cause of Impairment: Choose the code that best describes the cause/source of the impairment from the drop down box.
- c. Secondary Disability Impairment: If the client has a secondary disability impairment, choose the appropriate description from Impairment options 1-19. A secondary disability is a physical or mental impairment that contributes to, but is not the primary basis of, the impediment to employment. \*
- d. Secondary Disability Cause: Follow the instructions as in 2 (above) to add a secondary disability cause where appropriate.\*\*

\* You may not enter the same impairment twice (for both primary and secondary fields).

\*\*You may have two different impairments with the same cause.

### 16.7 Special Programs

- a. State Agency Special Program Identification:
  - i. Agrability: check this box if the individual is receiving services from the agrability program at USU.
  - ii. ASPIRE: check this box if the individual is a participant in the ASPIRE program.
  - iii. CTW: Check this box if the client received services through the Choose To Work program.
  - iv. DSPD: check this box if the individual is a recipient of benefits from any of the programs available through DSPD.
  - v. ASCENT: check this box if the client is a current participant of the ASCENT program (Formerly UDOWD).
  - vi. Deaf and Blind: the individual is both deaf and blind, as defined below, regardless of any other disabilities. Note that It is not necessary for either the blindness or deafness to be the primary or secondary disability. The presence of both disabilities is sufficient for the individual to be considered deaf and blind. The definition of deaf and blind is the one in use at the Helen Keller National Center for Deaf/Blind Youth and Adults for determining eligibility to its evaluation and rehabilitation programs.
    - A. Deafness - A psychological chronic hearing impairment so severe that most speech cannot be understood through the ear with optimum amplification. The speech discrimination score should be 40 percent or less in the better ear.
    - B. Blindness - Visual acuity does not exceed 20/200 in the better eye with corrective lenses. Visual acuity may be greater than 20/200, if the field of vision is constricted to 20 degrees or less. An exception to these definitions may be made for (a) an individual with an auditory or visual condition that is indicative of poor prognosis, or (b) one whose ability to use hearing and/or vision is so limited, as a result of protracted, inadequate use of either or both of these senses, that the individual functions as a deaf/blind person.

- vii. DSDHH: check this box if the individual is receiving services from the Division of Services for the Deaf and Hard of Hearing.
- viii. UCAT: Check this box if the client received any evaluation or other service through the Utah Center for Assistive Technology (UCAT).
- ix. Utah Work Incentive Planning: Check this box if the client received benefit planning through USOR Utah Work Incentive Planning Services Unit.
- b. Individuals, Agencies and Other Entities Participant Has Been Referred To: Entries in this section can and should be made throughout the life of the case. New referral information will be sent to RSA quarterly. Select all that apply and record the date the referral was made.
  - i. 14(c) Certificate Holders: Select this option if the client is referred to an employer or holding a 14 (c ) Certificate. This is a federal certification which allows the employer to pay the individual subminimum wages. Use this option if the individual is referred to subminimum wage in an integrated employment setting. However if the individual is referred to subminimum wages in a non-integrated/sheltered setting VR Counselors should select Extended Employment Provider below to capture the referral.
  - ii. Adult Education and Literacy Programs
  - iii. American Indian VR Services Program
  - iv. Centers for Independent Living
  - v. Child Protective Services
  - vi. Community Rehabilitation Programs
  - vii. Consumer Organizations or Advocacy Groups
  - viii. Day care provider programs
  - ix. DOL Employment and Training Service Programs for Adults, Dislocated Workers, and Youth: These are Title I programs administered through the Workforce Development Division (WDD) as WIOA adult, WIOA youth, and the dislocated worker program.
  - x. Educational Institutions (elementary/secondary): elementary and secondary education includes grades k-12 and post-high school programs run by school districts.
  - xi. Educational Institutions (postsecondary): postsecondary school includes educational programs through colleges and universities.
  - xii. Employers
  - xiii. Employment Programs: This option captures referrals to public and private employment programs that are outside of the Workforce Development Division.
  - xiv. Energy Assistance Programs
  - xv. Extended Employment Providers: Extended employment Providers are public and private nonprofit organizations that employ individuals with disabilities in non-integrated or sheltered settings either for minimum or subminimum wage. USOR typically refers to these as “sheltered workshops.”
  - xvi. Faith Based Organizations
  - xvii. Family/Friends
  - xviii. Housing Programs
  - xix. Intellectual and Developmental Disabilities Providers
  - xx. Medical Health Provider (Public or Private)
  - xxi. Mental Health Provider (Public or Private)
  - xxii. Programs for Older Individuals who are Blind
  - xxiii. Public Housing Authority
  - xxiv. Self-referral

- xxv. Social Security Administration (Disability Determination Service or District office)
  - xxvi. State Department of Correction/Juvenile Justice
  - xxvii. TANF Program and Food Stamp Programs
  - xxviii. Transportation Programs
  - xxix. Veteran's Benefits Administration (which includes VA Vocational Rehabilitation)
  - xxx. Veteran's Health Administration (the VA hospital system, as well as the VA transitional living, transitional employment, and compensated work therapy programs)
  - xxxi. Wagner-Peyser Employment Service Program: Select this option if the individual was referred to jobs.utah.gov, the WDD connections team, Choose To Work, or WDD employment workshops.
  - xxxii. Welfare Agency (State or local government)
  - xxxiii. Worker's Compensation
  - xxxiv. Other One-stop Partner: select this option for individuals who are referred to the Senior Community Service Employment Program, a Community Service Block Grant Program, Unemployment Insurance, TANF, or any other One-Stop partner not otherwise captured under another option on this list
  - xxxv. Other Sources
  - xxxvi. Other State Agencies
  - xxxvii. Other VR State Agencies: Select this if the applicant was referred to a VR agency in another state.
  - xxxviii. Other WIOA-funded Programs including Job Corps, YouthBuild, Indian and Native Americans, and Migrant and Seasonal Farmworker Programs
- c. Other Service Providers and Funding Sources Providing Services or Funding to the Participant:  
Record the service providers or funding sources USOR has confirmed the individual is receiving and the approximate date the services began. If USOR receives confirmation that the individual no longer receives services or funding, an end date will be entered for the corresponding program. AWARE will report changes made to the list in the quarterly RSA report and therefore programs do not need to be deleted unless entered in error. Providers and Funding Sources include:
- i. Adult education and Literacy program administered by the Department of Education
  - ii. Adult, Dislocated Worker and Youth formula program administered by Department of Labor DOL)
  - iii. American Indian VR Services Program
  - iv. Centers for Independent Living
  - v. Child Protective Services
  - vi. Community Rehabilitation Programs
  - vii. Consumer Organizations or Advocacy Groups
  - viii. Educational Institutions (elementary/secondary)
  - ix. Educational Institutions (postsecondary)
  - x. Employers
  - xi. Employment Networks (not otherwise listed)
  - xii. Federal Student Aid (such as, Pell grants, SEOG (Supplemental Educational Opportunity Grant), work study, etc.
  - xiii. Intellectual and Developmental Disabilities Agencies
  - xiv. Medical Health Provider (Public or Private)
  - xv. Mental Health Provider (Public or Private)
  - xvi. One-stop Operators

- xvii. Public Housing Authority
  - xviii. Social Security Administration (Disability Determination Service or District office)
  - xix. State Department of Correction/Juvenile Justice
  - xx. State Employment Service Agency
  - xxi. Veteran's Benefits Administration (which includes VA Vocational Rehabilitation)
  - xxii. Veteran's Health Administration (the VA hospital system, as well as the VA transitional living, transitional employment, and compensated work therapy programs)
  - xxiii. Wagner-Peyser Employment Service Program
  - xxiv. Welfare Agency (State or local government)
  - xxv. Worker's Compensation
  - xxvi. Other DOL programs authorized under WIOA (Job Corps, YouthBuild, Indian and Native American programs, Migrant and Seasonal Farmworker programs, and evaluation and multistate projects)
  - xxvii. Other VR State Agencies
  - xxviii. Other State Agencies
  - xxix. Other Sources
- d. **Public Support Changes**  
Enter Changes to SSI aged, SSI blind, SSI disability, SSDI disability, and SSDI other in this section. Include the reported dollar amount, benefits start date, and ,when appropriate, the benefits end date.

### 16.8 Disability Priority

Each individual found eligible for VR services will be assigned a disability priority category as per 34 CFR 361.36 (see Chapter 24 for more information on disability category and order of selection). Select all appropriate areas of functional limitations, the estimated number of services the individual is likely to need for rehabilitation, and the estimated number of months needed for successful rehabilitation. This information will then be used to calculate the appropriate priority category as per CSM 24.

### 16.9 Employment

- a. **Employment ID:** This is autopopulated by AWARE.
- b. **Source of report:** indicate the source used for verification of employment information. Options are:
  - i. Community Rehabilitation Program (CRP)
  - ii. Counselor
  - iii. Employer
  - iv. Family/Friend
  - v. Job Coach
  - vi. One Stop Center
  - vii. Participant
  - viii. Private Employment Agency
  - ix. State Employment Service
- c. **Work Status:** record the employment type achieved by the individual. Options are:
  - i. Competitive Integrated Employment
    - A. Competitive refers to work that is performed on a full-time or part-time basis (including self-employment) and for which the individual's compensation meets all of the following criteria:
      - 1. Is at least minimum wage

2. Is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills;  
 Note: If the individual will be self employed the earnings must result in an income that is comparable to the income received by other individuals who are not individuals with disabilities and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills; and
  3. Is eligible for the level of benefits provided to other employees.
- B. Integrated refers to the employment setting and requires a location that meets all of the following criteria:
- The location is typically found in the community;
1. The location allows the individual to interact for the purpose of performing the duties of the position with other employees within the particular work unit and the entire work site, and, as appropriate to the work performed, other persons (e.g., customers and vendors), who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that employees who are not individuals with disabilities and who are in comparable positions interact with these persons;
  2. The individual has access to, as appropriate, opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions.
- ii. Self Employment (except BEP): refers to work for profit or fees including operating one's own business, farm, shop, or office. "Self-employment" includes sharecroppers, but not wage earners on farms. Competitive self employment must yield an income that is comparable to the income received by other individuals who are not individuals with disabilities, and who are self-employed in similar occupations or on similar tasks and who have similar training, experience and skills.
  - iii. State managed Business Enterprise Program (BEP) refers to Randolph Sheppard vending facilities and other small businesses operated by individuals with significant disabilities under the management and supervision of the State VR agency. Include home industry where the work is done under the management and supervision of the State VR agency in the individual's own home or residence for wages, salary, or on a piece-rate.
  - iv. Supported Employment in Competitive Integrated Employment: This means Competitive Integrated Employment as outlined in 16.9.c.i. with ongoing supports achieved through supported employment services.
- d. **Start Date:** The start date should reflect the date the individual's current job began. If the individual will be receiving Supported Employment Services to maintain the employment, the employment start date is considered the date into supported employment.
  - e. **Stable Date:** The stable date is the date that the individual and VR Counselor agree that the outcome criteria in 18.8.a have been met. Individuals receiving supported employment services are considered stable at the time services are transferred to the non-VR Extended Services Agency. Once the stable date has been entered, the VR Counselor monitors stability and may close the case after no less than 90 days from the stable date.
  - f. **End Date:** If the individual leaves the employment recorded in section 1 of the Employment Page, the date the employment should be entered as the end date.

- g. **Reason:** Complete this section if the individual reports losing the employment listed above. If the individual retains employment, the reason section will state “Employed Currently.”
- h. **Job Title:** This element will auto-populate from the Employment goal listed on the last IPE. Verify that this employment outcome is consistent with the employment goal on the individual's IPE and update the IPE goal as appropriate.
- i. **Hours Worked Per Week:** Enter the number of hours the individual worked for earnings in a typical week when the individual exited. If the individual reports varying hours, report the average number of hours worked per week.
- j. **Salary:** Enter the salary and associated payment schedule at exit the individual earned after achieving an employment outcome consistent with the employment goal on the IPE. This amount should reflect cash earnings from wages, salaries, tips, and commissions. Earnings should be reported before payroll deductions of Federal, State, and local income taxes and Social Security payroll tax are taken.

Salary should also include profits derived from self-employed individuals. Wages for salespersons, consultants, self-employed individuals, and other similar occupations are based on the adjusted gross income. Adjusted gross income is gross income minus unreimbursed business expenses. Do not include estimates of payments in-kind, such as meals and lodging. Estimate profits of farmers if necessary.

Where wages are based on commissions that are irregular (eg real estate, automobile sales, etc) they should be calculated over a representative period of time such as one month or longer to obtain a meaningful figure. Commissions are generally not paid when earned but rather are paid periodically, such as weekly, biweekly, or even monthly. To bring standardization to this item, wages should be based on the actual receipt of payment and not on amounts accruing until the next commission payout.

If there are significant amounts of irregular unreimbursed business expenses (e.g., car lease payments due the first week of every month), the expenses should be averaged over a representative period of time such as one month or longer to obtain a meaningful figure.

- k. **Hourly Wage:** This is autopopulated by AWARE based on the hourly wage based on the salary and payment schedule entered.
- l. **Participant's Work Phone:** Enter the individual's work phone number if available and indicate if the individual provides permission to contact his/her employer for follow-up. Counselors must also obtain a signed release prior to contacting the employer. See CSM 4 for further guidance regarding confidentiality.
- m. **Employment Benefits Narrative:** List or note pertinent employment benefits information taking care to include existing, pending, and potential benefits available.
- n. **Employer:** Utilize the Find tool to match the individual's reported employer with the employer's name in the AWARE database. If unable to find the correct employer, use the temporary employer designation “Temporary Employer Only/Not used for Closing Case” and contact the business relations team in order to have the employer added to the database.
- o. **Employer Address, and Employer Phone Number:** values will be auto-populated based on the Employer selected.

### 16.10 Closure Information

- a. **Closure Date:** To be completed by the supervisor once the file has been reviewed for closure and all requirements have been satisfactorily met. Note: the case does not close until this date is added.
- b. **Outcome:** Outcome choices are
  - i. Rehabilitated: This option requires at least 90 days of stable employment.
  - ii. Other than rehabilitated
- c. **Archive Date:** AWARE will enter this information after the fourth quarter following the date of exit or the fourth quarter following the completion of extended services.
- d. **Reason for closure:** If the closure outcome is other than rehabilitated, enter the reason a successful outcome was not achieved. Options are:
  - i. All other reasons
  - ii. Death: Select this option if the individual is deceased as verified by a third party source (obituary, county records, etc).
  - iii. Disability too significant to benefit from VR services (ineligible): select this option for individuals whose mental or physical disability and resulting functional limitations are so significant that the individual cannot benefit or continue to benefit from VR services in terms of employment.
  - iv. Does not require VR services (ineligible): select this option for individuals who do not require VR services to prepare for, enter into, engage in, or retain gainful employment.
  - v. Extended Employment: Select this option for individuals who received services and were placed in a non-integrated or sheltered setting for a public or non-profit organization with compensation in accordance with the Fair Labor Standards Act.
  - vi. Health/Medical: Select this option if the individual is receiving medical treatment that is expected to last longer than 6 months and precludes entry into competitive, integrated employment or prevents continued participation in VR services.
  - vii. Incarcerated (jail or prison): Select this option if the individual entered a correctional institution or other institution designed for confinement or rehabilitation of criminal offenders and will be unavailable for more than 6 months.
  - viii. Not Seeking CIE: Select this option if VR services are no longer appropriate because the individual is no longer pursuing competitive, integrated employment.
  - ix. Institutionalized (other than prison/jail): Select this option if the individual is no longer available for services and will be unavailable for more than 6 months due to residence in an institutional setting other than prison or jail. This includes hospitals, nursing homes, and residential treatment centers.
  - x. Activated from Reserves: Select this option for individuals who are members of the National Guard or other reserve military unit of the armed forces and are expected to be unable to participate in VR services for more than 6 months.
  - xi. Long term extended services not available: Select this option for individuals who have received VR services and require long term extended services for which no long term source of funding is available.
  - xii. No disabling condition (ineligible): Select this option for individuals who are determined not eligible for VR services because no physical or mental impairment exists, such as when the reported disability is an acute condition with no residual impairment.
  - xiii. No impediment to employment (ineligible): Select this option for applicants who are not eligible for VR services because their physical or mental impairment does not constitute a substantial impediment to employment.
  - xiv. Refused services or no further services: Select this option for individuals who choose not to participate or continue in their VR program at this time. Also use this to indicate



when an individual's actions (or non-actions) make it impossible to begin or continue a VR program. Examples include repeated failures to keep appointments for assessment, counseling and other services.

- xv. Unable to locate or contact: Select this option when the individual has relocated or left the state without a forwarding address or the individual has not responded to repeated attempts to contact the individual by mail, telephone, or email.

e. **Primary Source of Support:**

- i. All other sources (eg private disability insurance and private charities)
- ii. Family and Friends
- iii. Personal Income (employment earnings, interest, dividends, rent, retirement including social security)
- iv. Public Support (SSI, SSDI, TANF, etc)

f. **Medical Insurance Coverage at Closure:** Select the type of medical insurance coverage the individual reports at exit. Options include:

- i. Medicaid
- ii. Medicare
- iii. Public Insurance from Other Sources. Select this option for individuals who are receiving health insurance coverage from public sources such as Workers' Compensation, Children's Health Insurance Program, etc.
- iv. Private Insurance Through Own Employer
- v. Eligible for employment private insurance after wait period. Select this for individuals who are not yet eligible for private insurance through current employer, but will be eligible for private insurance after a certain period of employment.
- vi. Private Insurance through Other Means: Select this option for individuals receiving benefits through their parent/family members' insurance plan.
- vii. State or Federal Affordable Care Act Exchange. Select this for individuals receiving benefits through their enrollment in an Affordable Care Act Exchange.
- viii. None

g. **Social Security Status at Closure:** Record individual's SSDI and SSI status from the following options

- i. Applicant- Allowed Benefits
- ii. Applicant- Denied Benefits
- iii. Applicant- Status of Application Pending
- iv. Benefits Discontinued or Terminated
- v. Not an applicant
- vi. Not Known if an Applicant

AWARE will verify the beneficiary status of the individual and record the date the status was verified.

h. **Public Support Available at Closure:** Record the availability of public support from any of the following sources: SSDI, SSI, TANF, GA, Veterans Disability Benefits, Workers Compensation, other public support.

- i. No-select if the individual does not receive any benefits
- ii. Not Available- select if the individual has been denied benefits
- iii. Yes - select this option if the individual is receiving benefits from any of the listed public sources.

AWARE will verify the beneficiary status of the individual and record the date the status was verified.

i. **Benefits**

Enter the monthly amount (to the nearest dollar) of public support received by the individual at closure from each of the following sources. Public support refers to cash payments made by Federal, State and/or local governments for any reason, including an individual's disability, age, economic, retirement and survivor status. Include payments to a family unit precipitated by the individual's disability or when the individual's presence is taken into account in the computation of the family benefit. Also include any payments that are sent directly to the individual in an institution or to dependents on his/her behalf. Exclude any non-cash support payments such as Medicaid, Medicare, food stamps and rental subsidies. If the individual does not receive public support in a category enter 0. Categories of public support are:

- i. **SSI**  
Enter the monthly payment to the individual under the Federal program of SSI for the aged, blind, and disabled. Only the individual's portion of the payment should be recorded here. This figure can be verified through the SSA or from a copy of the individual's benefit notification letter. If the individual is not receiving assistance enter 0.
- ii. **SSDI**  
Enter the amount of SSDI received by the individual each month. This figure can be verified through the SSA or from a copy of the individual's benefit notification letter. If the individual is not receiving assistance enter 0.
- iii. **VA**  
Enter the amount of Veterans' Disability Benefits paid by the Department of Veterans Affairs for the partial or total disability. If the individual does not receive benefits enter 0.
- iv. **TANF**  
Enter the monthly amount of cash public assistance payments made through the federally funded TANF program (to the nearest dollar). If the TANF payment is made to the family unit, use the local disbursing agency's procedure to estimate the individual's portion of the payment. If the individual is not receiving assistance enter 0.
- v. **GA**  
Enter the amount of General Assistance received by the individual each month. If the individual is not receiving assistance enter 0.
- vi. **Workers Comp.**  
Enter the amount of Workers' Compensation received monthly by the individual. If the individual does not receive benefits enter 0.
- vii. **Other Disability**  
Enter the amount of funding the individual receives for his/her disability from a public entity not listed above. If the individual does not receive benefits enter 0.
- viii. **Other**  
Enter the total amount of all other Public Support received by the individual beyond those otherwise listed. Include cash payments made by Federal, State, and local governments for retirement or survivor benefits to the individual as well as unemployment insurance benefits and other temporary payments. If the individual does not receive Other Public Support enter 0.  
AWARE will verify the SSI and SSDI Gross Benefit Amount for individuals who are SSA beneficiaries.

### 16.11 Student Potentially Eligible (SPE) Case Type

Individuals who meet the definition of student with a disability who receive Pre-Employment Transition Services as a Student Potentially Eligible (See Chapter 25) will be registered in the SPE Case Type in AWARE. The information collected in the SPE Case Type will be included in the quarterly report sent to the Rehabilitation Services Administration as per OMB 1820-0508.

a. Intake Page

The required elements on the intake page are as follows:

- i. **Workforce ID:** This field should be left blank at application. AWARE will perform a data match with the data warehouse to determine if a common identifier already exists for the individual or generate a new unique common identifier. Either way, this number will be generated by the data warehouse and should not be edited by USOR staff.
- ii. **Social Security Number:** This is optional. If available, enter the individual's nine-digit Social Security Number (SSN). Every effort should be made to determine and accurately record this number as it will be used for record control purposes, such as culling out duplicates, conversion to VR Services, and data matches with our core partners.
- iii. **Name:** Enter the individual's last name, first name, middle name (if applicable), and preferred name (if applicable). In the event the individual's name changes for any reason it should be changed on the intake screen and the previous names should be entered in the appropriate fields labeled previous last name and previous first name.
- iv. **Gender:** Choose the appropriate gender from the drop down box. Choices are:
  - A. Male
  - B. Female
  - C. Does not wish to self-identify
  - D. Not available- select this option if the information is not available and due to non-participation, the case is closed prior to receiving the information.
- v. **Birth Date:** Enter the month, day and year of the individual's birth. The first two digits of the six-digit field pertain to the month (e.g. January = 01), the next two digits to the day (e.g. the seventh = 07) and all four digits of the year.
- vi. **Participant Deceased:** This is an optional check box to be checked only when the individual's death has been verified by a third party. For example, county death records, a newspaper obituary, family member report, etc.
- vii. **Race and Ethnicity:** Check all boxes matching the individual's race as reported by the individual on the application or at the intake interview. Race and ethnicity reporting is required for students and youth in elementary and secondary education. Students and youth in elementary and secondary education who choose not to self-identify should be notified that if he/she fails to self-identify, an observer-identification method will be used. At least one category must be marked. When reporting on multi-racial individuals, use more than one race variable indicating the individual is of that race.
  - A. Information Unavailable: Use when due to circumstances beyond the agency's control, the individual exits the system without self-identifying and has never been seen for observer-identification to take place.
  - B. White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
  - C. Black or African American: A person having origins in any of the black racial groups of Africa.
  - D. American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

- E. Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- F. Native Hawaiian or other Pacific Islander: An individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- G. Ethnicity: Check the Hispanic/Latino box in the Ethnicity section when appropriate. A person is considered to be Hispanic/Latino if they are of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. If the individual self-identifies as Hispanic/Latino, but refuses or is unable to identify one or more race categories in addition to ethnicity then code the individual as Hispanic for ethnicity and follow the observer-identification method as described above for the race categories.
- viii. **Veteran Status:** Mark the box if the individual served in the active military navel or air service, and was discharged or released under conditions other than dishonorable.
- ix. **Application Date:** Enter the date the Pre-Employment Transition Service began.
- x. **Living Arrangement:** select “SPE Case Type, Not Needed” as this information is not collected.
- xi. **Referral Source:** Select the contract provider of the Pre-Employment Transition Service. Options include:
  - b. Disability Page
 

Sections 1 and 2 of this page do not need to be completed for a SPE case however documentation that the student meets criteria for having a disability should be attached on this data page under section 3 (attachments). For further information about acceptable documentation see CSM 25.6.
  - c. Education Page
    - i. **Age:** This number is autopopulated by AWARE to reflect the individual’s age based on the birth date entered and date of application on the intake page.
    - ii. **Student with a Disability:** This field is autopopulated by AWARE base on the definition of student with a disability. USOR defines a student with a disability as an individual who is:
      - A. age 14 through 21 years; and
      - B. eligible for and receiving special education or related services under the Individuals with Disabilities Education Act (IDEA); or considered an individual with a disability for purposes of section 504 of the Act; and
      - C. in an educational program including, but not limited to:
        - 1. Secondary education programs;
        - 2. Non-traditional or alternative secondary education programs, including home schooling;
        - 3. Postsecondary education programs which result in a vocational or academic credential\*; and
        - 4. Other recognized educational programs, such as those offered through the juvenile justice system.
    - iii. **Educational Goals Record:** At least one educational goal must be entered. Estimated dates may be used if the individual does not have specific beginning and end dates.
      - A. Educational Goals options are:

1. 5<sup>th</sup> Grade
2. 6<sup>th</sup> Grade
3. 7<sup>th</sup> Grade
4. 8<sup>th</sup> Grade
5. 9<sup>th</sup> Grade
6. 10<sup>th</sup> Grade
7. 11<sup>th</sup> Grade
8. 12<sup>th</sup> Grade
9. Adult Secondary Education: Select this option for individuals who are participating in an adult high school education program (adult education) designed to achieve a high school diploma, GED or increased English skills. Individuals in adult education have typically exited the secondary school (k-12) system without a high school diploma or equivalent.
10. Special Education: Select this option for special education students up to age 21 who continue secondary education beyond 12<sup>th</sup> grade. This is often referred to as “post-high” but should not be confused with postsecondary training at a college or university.
11. 1<sup>st</sup> Year Postsecondary: This refers to the first year of an associate’s or bachelor’s degree program at a college or university. Completion does not occur until at least 24 credit hours have been successfully completed.
12. 2<sup>nd</sup> Year Postsecondary: This refers to the second year of an associate’s or bachelor’s degree program at a college or university. This option is appropriate goal to select for individuals who have at least 24 credit hours already successfully completed. Completion does not occur until at least 48 credit hours have been successfully completed.
13. 3<sup>rd</sup> Year Postsecondary: This refers to the third year of an associate’s or bachelor’s degree program. This option is appropriate goal to select for individuals who have at least 48 credit hours already successfully completed. Completion does not occur until at least 72 credit hours have been successfully completed.
14. 4<sup>th</sup> Year Postsecondary: This refers to the fourth year of a bachelor’s degree program. This option is appropriate goal to select for individuals who have at least 72 credit hours already successfully completed. Completion does not occur until the Bachelor’s degree has been awarded.
15. Postsecondary beyond 4<sup>th</sup> Year: This applies to individuals seeking graduate certificates and degrees after receiving a four year undergraduate degree (bachelor’s degree) at a university.
16. Career or Technical Training Program (certificate or diploma only): This refers to career or technical training programs that do not result in a recognized postsecondary credential.
17. Career or Technical Training Program (stackable credential): This refers to career or technical training programs that result in a recognized postsecondary credential.

- iv. School Information: Use the search feature to find and select the school the individual is attending and indicate if the individual has an Individual Education Plan (IEP) or 504 plan.
- d. Actual Service
 

Actual Service must be utilized to record receipt of the Pre-Employment Transition Service. Each Pre-Employment Service must have a separate Actual Service recorded. Required data entries in the Actual Service data page are:

  - i. Service Category: Select “SPE Student with a Disability Service Category”.
  - ii. Service Subcategory: Select the option that corresponds to the service being provided. Reference 25.8 for service descriptions
 

Options are:

    - A. (SPE) Counseling on Postsecondary Opportunities
    - B. (SPE) Job Exploration Counseling
    - C. (SPE) Training on Self Advocacy
    - D. (SPE) Work-Based Learning Experiences
    - E. (SPE) Workplace Readiness Training
  - iii. Service Provider: Select “Benefit, Comparable” from the search.
  - iv. Units: enter “1”
  - v. Start Date: The date the Pre-ETS began as reported by the contract provider.
  - vi. End Date: This may not be available in a new SPE case however once an end date for the service is determined, it should be entered.
- e. Closure Page:
  - i. Closure Date: This is autopopulated by AWARE once the reason for closure is finalized.
  - ii. Reason: Select the reason for closure from the following options:
    - A. No Longer a SWD: The individual no longer meets the definition of student with a disability.
    - B. Eligible for VR: The individual is eligible for VR services under an open order of selection category and will continue Pre-Employment Transition Services under an Individual Plan for Employment.
    - C. Chose Not to Participate: The individual chooses not to participate in further Pre-Employment Transition Services.
    - D. Completed Services. The individual has completed the Pre-Employment Transition Service but has not been determined eligible for VR services.

The contracted Pre-ETS service providers are responsible for entering, monitoring and updating the information entered in the SPE case type. The Transition and Supported Employment Coordinator and Program Specialist will provide oversight of SPE cases.